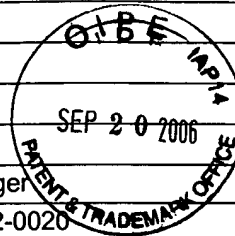


FEE TRANSMITTAL

Complete if Known

Application Number 10/618,411
 Filing Date July 11, 2003
 First Named Inventor Hwa Liang Ng et al.
 Examiner Name 2877
 Art Unit Richard A. Rosenberger
 Attorney Docket Number STL11012.00/S104.12-0020



☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1140)

METHOD OF PAYMENT (Check all that apply)

- ☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (Please Identify): _____
- ☒ Deposit Account - Deposit Account Number: 23-1123 Deposit Account Name: Westman, Champlin and Kelly
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayment of fee(s) ☒ Credit any overpayments under 37 CFR 1.16 and 1.17

Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity		Small Entity		Small Entity		
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Multiple dependent claims

	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180
Multiple Dependent Claims		
	Fee (\$)	Fee Paid (\$)
	360	0

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
28	- 20 or HP = 3	50	150

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
4	- 3 or HP = 1	200	200

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
0	- 100 = 0	/ 50 = 0 (round up to a whole number) x	250	= 0

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Request for Continued Examination

Fee(s) Paid (\$)

790

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	32,015	Telephone: 612-334-3222
Name (Print/Type)	David C. Bohn			Date: <u>15 Sept 06</u>